



Connecticut Council of Child and Adolescent Psychiatry
Yale University Child Study Center

February 3, 2015

From: Laine Taylor, D.O., M.B.A.- representing Connecticut Council on Child and Adolescent Psychiatry and Yale University Child Study Center

To: Members of the Insurance and Real Estate Committee

RE: Supporting SB 5 AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR
TELEMEDICINE SERVICES.

Thank you for hearing our testimony regarding SB 5 regarding insurance coverage of telemedicine services. My name is Dr. Laine Taylor and I am here representing two organizations; the Connecticut Council of Child and Adolescent Psychiatry and Yale University Child Study Center. As a physician, advocate for children and families, and a constituent, I thank you for considering this bill introduced by Senator Crisco.

Telemedicine is a treatment modality that has been used for decades within healthcare for the delivery of direct patient care and for consultation between specialties. Many of my colleagues and I have had experience in this medium in the delivery of psychiatric services.

Telemedicine allows access to medical care to the underserved populations of the rural and urban areas of Connecticut. It assists in closing the medical access gap within Connecticut for those with insurance by making highly skilled medical professionals available to individuals who would otherwise be excluded from care due to their location within the state. As a Child and Adolescent Psychiatrist, I have first hand experience with the barriers to care for my patients. Many families travel long distances to be seen by a child psychiatrist or to receive the recommended level of outpatient care. This is a fact becoming more evident to members of our state government as evidenced by legislative and executive efforts over the last 2 years to expand mental health services access for children, adolescents, and their families. Thank you for all of your hard work. We ask that this bill be considered a part of those efforts.

CCCAP and Yale Child Study Center support legislation for telemedicine broadly and, as a result, for telepsychiatry specifically. There is great evidence in support of telepsychiatry increasing access, reducing medical costs and having equivalent efficacy to face-to-face

interventions. A review of cost savings in multiple settings was performed by Deschlich, et al stating:

"Rural areas have appeared to reap significant benefits in the reduction of costs for providing psychiatric treatment via telepsychiatry. In fact, Spaulding et al. found that the implementation of telepsychiatry reduced costs by more than 70 percent. Other studies have found a 40 percent reduction in costs of providing psychiatric services via telepsychiatry versus face-to-face treatment. Rabinowitz et al. likewise found a substantial savings, around \$30,000, for 278 telepsychiatry visits to nursing home residents. "

This communication modality has great utility and would support existing mental health legislation. Specifically, PA 13-3 and PA 13-178 were developed to address the access gap for the children of Connecticut. We believe that the inclusion of SB 5 will enhance care. Telemedicine will increase the availability of Child Psychiatrists and other psychiatric specialties to families and children in the areas of our state where we may lack child psychiatrists. . It will facilitate consultation to primary care clinics who serve our patient population. In addition to enhancing our state laws, this telemedicine bill as it pertains to psychiatry, helps the state reach the goals of access and reimbursement parity as discussed in the Mental Health and Addictions Parity Act of 2010.

The Council has evaluated several active pilot programs in telepsychiatry, including those funded by Value Options of Connecticut at the Yale Child Study Center. To this point, the pilot programs have shown great utility in increasing access for patients to child psychiatrists. Additionally, the programs have improved coordination of care and facilitated consultation between primary care clinicians and child and adolescent psychiatrists. We believe that setting rates equivalent to face-to-face reimbursement would promote the use of this medium for healthcare delivery and may increase the enrollment of child psychiatrists to private insurance panels.

The CCCAP and Yale CSC recommends that the following issues be dealt with in any bill that speaks to telemedicine.

- 1) We would like to specifically request that the definition of telemedicine include use of telephone for consultation facilitation, but to not include facsimile. This is important as we consider this modality for equivalent rates to face-to-face medical visits.
- 2) There was a suggestion in last year's bill to include the following: "shall be limited to situations where there is a lack of healthcare providers within reasonable travel time and distance of the insured or the insured is unable to travel to a healthcare provider's office without undue burden." We suggest that be removed. Lack of access is not defined in distance from healthcare, for example for patients who do not have a car, or cannot get to a provider on the other side of town.

Thank you for your time and consideration of our recommendations and for considering SB 5.